

Base Hospital Contact: Contact the Trauma Center for patients not meeting criteria for determination of death per [Ref 814](#).

1. Prioritize rapid transport for patients who do not meet [Ref. 814](#) ❶
2. Immediately control major bleeding ([MCG 1370](#))
Apply tourniquet prn
3. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#)) ❷
Ventilate with **high flow Oxygen 15 L/min**
4. Begin chest compressions
5. Perform bilateral needle thoracostomy for suspected tension pneumothorax ([MCG 1335](#))
6. Initiate cardiac monitoring ([MCG 1308](#))
Assess cardiac rhythm
7. If shockable rhythm (V-Fib/V-Tach) identified:
Defibrillate V-Fib/V-Tach at 200J or per manufacturer's instructions
8. Provide spinal motion restriction (SMR) if indicated ([MCG 1360](#))
Do not delay transport for SMR ❸
9. Establish vascular access en route ([MCG 1375](#))
Two large bore IV catheters (16 or 18 gauge) preferred
Establish IO if unable to establish IV access
10. **Normal Saline 2L IV/IO rapid infusion**
Administer through two sites simultaneously if possible

SPECIAL CONSIDERATIONS

- ❶ Rapid transport after hemorrhage control is the priority for all patients with severe trauma. With the exception of hemorrhage control, needle thoracostomy, and initiation of CPR, all other procedures may be deferred for immediate ambulance loading of patient and performed en route.
- ❷ Bag-mask ventilation is the preferred airway in all cardiac arrest patients. Advanced airway should be placed if there is an inability to maintain adequate ventilation despite basic airway maneuvers.
- ❸ For patients in traumatic arrest, spinal motion restriction (SMR) using a backboard causes harmful delays in care. However, a backboard may be helpful to assist in patient movement and to support chest compressions.